CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

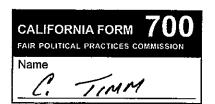
STATEMENT OF ECONOMIC INTERESTS: D

PRACTICES CONTER BAGE MAR 07 2011

ILAPR - I PM 3: 30 CITY CLERK, City of Fairfield

Please type or print in ink.	3: 30 CITY CLERK, City of Fairfield			
NAME OF FILER (LAST)	(FIRST) (MIDDLE) CHARLES			
1. Office, Agency, or Court				
Agency Name FRIRFIGO CITY GOVE	NC11			
Division, board, Department, District, it applicable	Your Position			
BUNCIL MEMBER				
► If filing for multiple positions, list below or on an attachment.	Position:			
Agency:	Posnion:			
2. Jurisdiction of Office (Check at least one box)	Under (Chalande Incadiation)			
State	☐ Judge (Statewide Jurisdiction)			
Multi-County				
City of FAIRFILED	Other			
3. Type of Statement (Check at least one box)				
Annual: The period covered is January 1, 2010, through December 3 2010.	1, Leaving Office: Date Left/(Check one)			
The period covered is, through December 31 2010.	The period covered is January 1, 2010, through the date of leaving office.			
Assuming Office: Date/	The period covered is/, through the date of leaving office.			
Candidate: Election Year Office sought, if di	fferent than Part 1:			
4. Schedule Summary				
Check applicable schedules or "None."	➤ Total number of pages including this cover page:			
Schedule A-1 - Investments - schedule attached	Schedule C - Income, Loans, & Business Positions - schedule attached			
Schedule A-2 - Investments – schedule attached	Schedule D - Income - Gifts - schedule attached			
Schedule B - Real Property - schedule attached	Schedule E - Income - Gifts - Travel Payments - schedule attached			
-or- None - No reportable inter	ests on any schedule			
	sale on any delication			
5. Verification				
Date Signed 3/6/1/	Signatur			
(month, dey, year)				

SCHEDULE D Income - Gifts



► NAME OF SOURCE		► NAME OF SOURCE	 E	· · · · · · · · · · · · · · · · · · ·	
6. STEPANICICH	/				
ADDRESS (Business Address Accepta		ADDRESS (Business Address Acceptable)			
1000 WEBSTER ST	FRICKIED, (J.				
BUSINESS ACTIVITY, IF ANY, OF SO	URCE	BUSINESS ACTIVIT	BUSINESS ACTIVITY, IF ANY, OF SOURCE		
CITY SHORN	EY				
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	
09,15,10 , 88.00	DINNER		\$		
/ \$			\$		
\$			\$		
NAME OF SOURCE		► NAME OF SOURCE	=		
ADDRESS (Business Address Accepta	ble)	ADDRESS (Business Address Acceptable)			
BUSINESS ACTIVITY, IF ANY, OF SOI	URCE	BUSINESS ACTIVIT	BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	
			\$		
\$			\$		
\$			\$	_	
NAME OF SOURCE		► NAME OF SOURCE	•	· · · ·	
ADDRESS (Business Address Acceptable)		ADDRESS (Business Address Acceptable)			
BUSINESS ACTIVITY, IF ANY, OF SOURCE		BUSINESS ACTIVITY, IF ANY, OF SOURCE			
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	
			\$		
	 		\$		
			\$		
Comments:					